

The Linacre Quarterly

Volume 43 | Number 4

Article 4

November 1976

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Recommended Citation

Engel, Randy (1976) "India: The Great Population Control Experiment," *The Linacre Quarterly*: Vol. 43: No. 4, Article 4.
Available at: <http://epublications.marquette.edu/lnq/vol43/iss4/4>

India: The Great Population Control Experiment

Randy Engel

In his classic work, *Catholic Viewpoint on Over-Population*,¹ priest-demographer Anthony Zimmerman, S.V.D. offers a memorable anecdote on one Indian's reaction to initial population control efforts in his country during the 1950's.

Warning that newly developing nations are not so naïve as to be unable to distinguish between authentic assistance programs and those directed at birth prevention, Zimmerman tells of a hostile reception given to the late Sangerite disciple, Dr. Abraham Stone, by an Indian host who apparently was not pleased with his role as host and introduced Dr. Stone to an audience as follows: "We asked the United States for bread; instead they have sent to us — and I present to you — Stone."

Thus the government of India prepared to embark on the world's largest and first population control experiment in modern times.

In less than a quarter of a century the nation would be transformed into an international birth control laboratory and India's poor used as guinea pigs for the biocracy and technocrats of the New World Order in which the quantity and quality of births are regulated as any other commodity to meet the demands of the State.

So thoroughly has the inevitability and necessity of expansion of Indian's Great Experiment penetrated the international conscience, that when the Bombay monthly magazine *Fulcrum*² carried a feature article last spring on a compulsory sterilization program in the town of Barsi in

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Maharashtra in which visitors to the small village were forcibly loaded into municipal dump trucks and hauled into the local hospital to be sterilized under order of high-handed panchayats eager to meet their 1000 quota of vasectomies and tubectomies by the deadline date, nary a yawn was heard from the world court of public opinion at the United Nations nor in the halls of Congress where alleged violations of human rights in India have been a frequent topic of discussion.

Yet, despite the deafening silence, the brutal reality of Barsi remains a human tragedy not only for India but for the world — and that most explicitly and assuredly includes the United States which has been the primary propagandist and financial backer of India's current assault on the human person — indeed life itself!

This article is based in part on a lengthy document to be published this fall by the United States Coalition for Life on the foreign population control policies of the United States from 1966-1976 under the Agency for International Development of the State Department.

To the extent that this review of India's Great Experiment is an accurate reflection of America's official population control policies and programs abroad, surely the Ugly American never looked uglier in the eyes of the world's poor and needy.

1951-1965: The Early Years

For the first half of the century, ground breaking neo-Malthusian efforts in India were limited to a small but influential number of private interest groups, such as the Family Planning Association of India formed in 1949 by the Indian counterpart of our Margaret Sanger: Lady Dhanvanthi Rama Rau.

For the most part however, the official attitude of government was reflected in the writings of Mohandas Gandhi who expressed confidence in the virtue of sexual restraint and positive alternatives of agricultural and economic development to accommodate India's growing population.

By the mid-50's under the leadership of Prime Minister Nehru the hole in the dike established by the Family Planning Association of India gradually expanded through a series of National Congresses in which "family planning" was tied to improved maternal-child health care and the red flag given to research for the development of cheap and safe birth control methods suitable to the masses.¹

By the conclusion of the third Five Year Plan in 1966, the Government budget had risen from 6.50 million Rs. to 269.76 million Rs. (Note: the current fifth Five Year Plan, 1974-1979, allocates a population control budget of 5,160.00 Rs. or 688 million in U. S. dollars.)²

This new availability of massive public funds supplemented by grants from American foundations encouraged the growth of a quickly expanding bureaucracy with a vested interest in continued support for birth control programs at local, state and the national level. Today the Indian birth patrol is a virtual army — some 5,200 physicians, 20,000 auxiliary nurses/midwives, 3,500 public health nurses, 13,500 health assistants, 12,000 statistical workers and an unknown legion of quasi-governmental condom vendors, pill and IUD pushers and sterilization prompters.⁵

During this 14 year period there was a dramatic shift *away* from the official approval and encouragement of periodic abstinence and prolonged lactation for the spacing and regulation of births which was held to be incompatible with mass movements and *towards* more "effective" and financially lucrative methods of birth prevention including sterilization, condoms, and IUDs (Lippes loop). Thousands of small clinics and mobile units spreading the Sangerite gospel dotted the Indian countryside. In 1961 Maharashtra opened its first "sterilization camp" for the benefit of the rural masses. Yet, despite the growing campaign few clients showed up at the clinic door and even fewer at the sterilization medical stockyard.

1966 can be called the year that India reached a turning point; the year that marked the

official entrance of the United States Government and various U. S. "front" groups into the war against the proliferation of people in the developing nations of the world, including India. The military headquarters would be the Agency for International Development; the general — Reimert Thoroff Ravenholt, the sixth of ten children, father of four and a dedicated disciple of Parson Malthus.

U. S. Tax Dollars at War

Between 1966-1972, the Agency for International Development (AID) contributed approximately \$30,000,000 to India's population control efforts in the form of advisory and research teams, contraceptive supplies and abortive devices and machines, vehicles, facilities and Madison Avenue campaigns. When AID terminated its direct grant program in 1973, U.S. funds were channeled through national and international "front" groups such as the United Nations Fund for Population Activities, the International Planned Parenthood Federation and the World Bank. This latter fiscal arrangement proved to be more efficient and workable particularly in those nations of Asia, South America and Africa which were known to be hostile to foreign domination and the "Made in U.S.A." label.

The following chart covers a portion of total AID fiscal commitment over the last ten years to agencies and institutions active in the India program.⁶

CHART I

	Totals
University of North Carolina (Chapel Hill)	\$11,348,000
Johns Hopkins University	9,322,000
Family Planning International Assistance (PP-WP, N.Y.) — Church World Services	15,284,000
International Planned Parenthood Federation (London) ..	60,772,000
Pathfinder Fund	23,592,000
Population Council	23,594,000
World Assembly of Youth	2,342,000
World Bank — International Development Authority ...	3,000,000
U.N. Fund for Population Activities* **	97,000,000

*UNFPA executing agencies include UNICEF, WHO, UNESCO, etc.

**Under a new five year contract with India the Fund will contribute \$40,000,000 to be used for medical research, training, and population education.

CHART II

(Indicates by totals and percentage how AID spent
its \$732 million between fiscal years 1965-1975.⁷)

Program Goal	U.S. Dollars	Percent
1. Development of demographic data	\$ 62,222,000	8
2. Development of population policies and research	37,187,000	6
3. Fertility control research (contraception, sterilization and abortion)	66,740,000	9
4. Purchase commodities (orals, condoms, IUDs, jellies)*	103,962,000	14
5. Service programs	229,213,000	31
6. Information programs	81,657,000	11
7. Manpower training — institutional development	117,317,000	16
8. AID operational expenses	34,048,000	5
	<u>\$732,344,000**</u>	<u>100</u>

*US-AID is frequently known as the world's largest prophylactic and Pill dispensary. These figures show why.

**It is important to note that over *one-half* of the total US-AID budget expended between 1965-75 *never left the United States*. Thus the U.S. domestic lobby of drug companies, university-based research centers, foundations, and non-profit groups like their counterparts abroad have a large financial investment in US-AID population control activities.

The AID-Ravenholt Philosophy

On Feb. 1, 1968, William S. Gaud, AID administrator enunciated the four basic principles of AID's population control-family planning programs and policies under Title X of the Foreign Assistance Act of 1961 before the Gruening hearings on Foreign Aid Expenditures.

According to Mr. Gaud, (1) the first principle is that overpopulation and underdevelopment go hand-in-hand, thereby making the neo-Malthusian cause official U.S. policy; (2) the second principle is that the U.S. is committed to the spread of "family planning" knowledge and practices in developing nations as a basic right; (3) the third principle is that the sovereignty and sensibilities of nations will be respected as the U.S. carries out principle (2); (4) the fourth principle is that all programs shall be "voluntary" and not tied to aid of any kind.

Title X, Sec. 291 (c) provides "... That no individual will be coerced to practice methods of family planning inconsistent with his or her moral, philosophical or religious beliefs."

In 1973, the Foreign Assistance Act was amended by Sen. Jesse Helms, (R-N.C.) to forbid the use of Title X funds for abortion thus preventing AID from continuing its overt abortion activities abroad. Unfortunately, since AID cut off its *direct* funding to India in 1973, the Helms prohibition would

have little effect on AID's indirect funding through such agencies as the UNFPA and the IPPF in India.

However accurately AID's four principles for action concerning "voluntarism" and "self-determination" reflected Congressional intention, in *practical operation* AID programs and policies over the last ten years have been the creation of a single man — Dr. R. T. Ravenholt, the virtually autonomous and untouchable director of AID's Population Office.

Through a series of sage alliances with the American foundation establishment, drug and abortion lobbies, and "family planning" non-governmental organizations combined with relatives who tie into key senatorial offices charged with AID appropriations, Ravenholt has propelled his program into a billion dollar empire.⁸

In order to understand US-AID operations in India one must at least attempt to understand the Ravenholt mindset and missionary-like vision for the developing nations of the world. The following statements by Ravenholt and some of the programs being carried out under his administration will assist in this task.

In the fall of 1973, Dr. Ravenholt and his research colleague, Dr. J. J. Speidel, delivered a paper on "Fertility Control Technology — Current Status and Future Prospect" to the International Planned Parenthood

Federation Conference in Brighton, England. According to the AID team: "Since its inception in 1968, a foremost goal of AID's research program has been a *non-toxic and completely effective substance or method which when self-administered on a single occasion, would insure the non-pregnant state at completion of a monthly cycle.*" AID has given special attention thusly to (1) luteolysis/antiprogesterins; (2) prostaglandins, and (3) uterine aspiration techniques. (p. 11).

On the matter of natural family planning or "rhythm," Ravenholt and Speidel suggest "... methods requiring an intensive exercise of foresight, vaginal soundings, use of temperature charts, etc., before expressions of love and passion can hardly be considered 'natural'". (p. 9).

On the issue of the Pill: "... "For young women on the threshold of their reproductive lives ... there is no satisfactory alternative to oral contraceptives." (p. 9).

On menstrual regulation (i.e., mini-abortion): "... "The relative simplicity and safety of the mini-suction technique makes it very likely that it will become a popular clinical practice throughout the world." (p. 13).

In summary: "... "The great task immediately before us is to make the most effective means of fertility control fully available throughout the developing world, where less than 20% have yet gained full access to this great

boon to their health, their economic and social development, and to their familial and social well being."

In 1972 US-AID funded under Title X the cost of printing a Panamanian "responsible parenthood" comic book entitled *Los Supermachos* which featured on its cover a blasphemous drawing of a little old woman kneeling before a statue of the Blessed Mother praying: "Little Virgin, you who conceived without sin teach me to sin without conceiving."⁹

Innovation is the hallmark of Ravenholt administration such as:

- non-medical distribution of oral contraceptives in urban gum-ball machines in Pakistan;
- saturation multi-condom campaigns in Ceylon with condoms doubling for children's balloons or braid ties;
- sterilization "festivals" with illuminated scoreboards in Kerala State, India;
- combined malaria-child prevention house-to-house programs in Ecuador;
- Karman coil abortions in war-torn Bangladesh;
- belly-button sterilization programs in Nepal.

In AID's 1971 annual report on "*Population Program Assistance*"¹⁰, there is a specific reference to India and the future of abortion in that nation "... as legal restrictions on postconceptive fertility control are removed, for example, India in 1971, it is foreseeable that family planning

program strategy will center upon the early diagnosis and relief of unwanted pregnancy, followed by provision of the contraceptive information and services needed to prevent subsequent unwanted pregnancies.

"Such pregnancy-centered programs can be much more efficient than ordinary family planning programs because women who believe they may have an unwanted pregnancy will actively seek out any facility offering relief, and hence educational and promotional costs of the f.p. program can be greatly reduced, and the time from inception of the program to reduction of fertility can be minimized.

"Provision of relief of unwanted pregnancy plus effective contraception, for example, sterilization, can achieve fertility reduction of more than one birth per clinic acceptor and have a powerful and rapid effect upon fertility patterns." (pp. 34-35).

Thus in these few samples, we encounter the repeated themes which occur throughout Ravenholt's writing, programs and policies, i.e. the primacy of abortion as the method of choice; the mockery of sexual continence and purity as virtues; the idea that developing nations will find their salvation in birth control technology and so forth.

It cannot be emphasized enough that AID is the *primary source* of birth prevention and life destruction programs in India, whatever mask or disguise the American dollar wears, for

such key agencies as the World Bank, the UN Fund for Population Activities and the International Planned Parenthood Federation. Here is a sampling of each of these programs with specific references to India wherever possible.¹¹

The World Bank — International Development Association. In the summer of 1972, the International Development Association (IDA) arm of the World Bank, supported in part by the United States, joined with the Swedish Government to launch a cooperative effort with the Indian government at a total cost of \$44 million for the purpose of developing "... what promises to be the most advanced systems approach to population problems in any developing country. It will provide the essential analysis required to shape the overall massive effort India is making to reduce its current population growth."¹²

Mysore (Karnataka) State and Uttar Pradesh State were selected for the mass experiment.

Under the World Bank project, "hardware" items such as buildings, vehicles and equipment, and "software" items such as training, research and pilot programs would be provided with heavy emphasis on post-partum programs, rural delivery services, nurses' training and motivational services to insure that the population adheres to the newspeak "Make love not babies," "Loop before you leap" and other Madison Avenue imports.

Heavy emphasis would also be placed on the most efficient tools and devices suitable for population control of the masses — the Pill, IUDs, sterilization and, most importantly, abortion — via implants, hormones, and prostaglandins which “requires no regulation of sexual activity and greatly reduces the need for education.”¹³ Natural methods of birth regulation and spacing are not considered useful nor effective.¹⁴

In June, 1976, India's Secretary for Health and Family Planning visited the United States to seek World Bank support for research into the development of a nine-month single shot injectable to insure that wombs remain tombs for human life.

According to a World Bank report on population control issued in 1972, the biggest obstacle to population reduction programs in the developing nations is the lack of popular support, not foreign exchange. Such “obstacles,” however, are overcome by the Bank's capability for fact-finding, of which the poor and ignorant are obviously incapable. Governments don't have to be enthusiastic about the Bank linking population control with food and economic aid dollars; acquiescence is sufficient.¹⁵ All Bank economic reports now require statements by recipients as to their national population policies and programs.

U.N. Fund for Population Activities. Like the World Bank, the United Nations Fund for

Population Activities, founded in 1967, acts as a major funnel for AID dollars. The Fund, in turn, uses the executing agencies of the United Nations including UNICEF, FAO, ILO, UNESCO and the World Health Organization, a major research agency for the development of new abortion techniques including prostaglandins.

Like the Bank, the Fund favors the importation of abortion and sterilization into the developing nations. The All-India Institute of Medical Sciences in New Delhi is an international center for abortion research under the auspices of the World Health Organization's *Expanded Programme of Research Development and Research Training in Human Reproduction* supported by the Fund and the Ford Foundation.

Again one must cross-check banking accounts to verify that of the \$238.6 million in the Fund account from over 78 nations, the U.S. has contributed \$97 million.

International Planned Parenthood Federation. AID grants to the London-based International Planned Parenthood Federation through fiscal year 1975 totaled over \$60 million. Of the IPPF's total calendar year budget for 1974 (\$41.5 million) and 1975 (\$44.3 million), AID grants totaled \$12 million each year.

The IPPF's world-wide network of affiliates and regional offices permits AID funds to work “indigenously” in those nations

where it would be politically embarrassing for the U.S. to do so, as with the massive IUD campaign in Colombia, IUDs being primarily abortifacients.

In return, the IPPF receives millions of American tax dollars to cover the expenses of the Central Office in London and to provide sub-grants to its affiliates. Until recently, the IPPF fought off attempts by the U.S. General Accounting Office for an accurate fiscal auditing of U.S. funds on grounds that such procedures are "burdensome" and infringe upon the independence of the "private" agency. The IPPF maintained also that once AID funds are commingled with other donations it becomes impossible for the IPPF to separate restricted from non-restricted funds.

On Sept. 14, 1973 the GAO issued a special report on "U.S. Support of the IPPF Needs Better Oversight," in which the fascinating question was asked: How could AID assure itself that the American taxpayer's money was being used in an efficient, economic and proscribed manner by the IPPF given the reality of Federation's poor financial record keeping? How indeed? The question is more than academic to be sure for researchers like myself trying to track down the use of American tax dollars by the IPPF.

As noted earlier, Title X funds which the IPPF receives cannot be used to violate an individual's religious or moral beliefs.

Yet when the former Medical Director of the IPPF, Malcolm Potts, delivers an appeal at an International Conference of the IPPF for a return to Onanism combined with abortion as a substitute for daily ingestion of dangerous oral contraceptives, is he not violating the spirit if not the letter of the law?¹⁶

When Dr. Fred T. Sai, IPPF Secretary General, puts forth IPPF recommendations at an Abortion Conference in Africa which are designed to bring about abortion on demand in Black Africa, is the Helms Amendment violated?¹⁷

The Family Planning Association of India, an affiliate of the IPPF, operates 30 branches throughout India. Since its beginning some 23 years ago, it has assisted the Indian population control movement with about \$3.7 million in the operation of clinics and advanced courses in surgical techniques of fertility control. If the FPAI permits its facilities or medical personnel to be used for compulsory sterilization programs in Maharashtra, West Bengal, Haryana or Delhi, shall Title X funds be cut off at the FPAI headquarters or at the IPPF Central Office in London?

Fortunately the GAO has been investigating the matter with regard to abortion and the results look helpful. Stricter auditing of IPPF funds will enable opponents of the IPPF to monitor the agency's activities in developing nations and to file protests with-

in the State Department for alleged IPPF violations of Title X funds.

AID and Birth Control Technology

Providing funds — directly or indirectly — is one matter. Finding the technology to use those funds in the birth prevention field is another.

With the exception of traditional methods of natural regulation of births, recently backed up by the marvelous work in this field by Mother Teresa and the Missionaries of Charity who have won praises even from Indira Gandhi herself, India's birth control methods — pills, coils, condoms, sterilization and abortion — have been imported primarily from the United States.

Mass sterilizations, backed by what Ravenholt refers to as incentives and disincentives ranging from free tickets to the national soccer championships,¹⁸ to CARE-US-public Law 480-Food for Peace parcels containing a shopping bag, rice and clothing,¹⁹ to threats of loss of jobs, housing, drinking or irrigation water for crops to outright compulsory sterilization under penalty of fine or imprisonment or both,²⁰ have met with apparent approval by the AID Population Office and State Department.

An extensive review of India's population control program in general and of sterilization in general is provided in the May, 1976 issue of the Population Council's *Country Profiles*.²¹ The

authors, Visaria and Jain, make some interesting observations concerning sterilization complications such as tetanus and death.²² They also note that in India sterilization is reserved primarily for the poor while the rich prefer such methods as orals, foams and jelly with a diaphragm.²³

This observation is backed by strong public pressures by leading Indian social workers such as Tara Ali Baig of New Delhi who favors the compulsory sterilization of parents who are "mentally, physically or emotionally unfit." Mrs. Baig believes that a child has a right *not to be born* to "irresponsible" parents and incredibly invokes the United Nations Declaration on the Child as the authority for compulsory sterilization legislation in India.²⁴

On the other hand there is ample evidence that the poor of India do not look with total favor on Indira Gandhi's national-backed state compulsory sterilization programs as a "final solution" to the Indian problem. Health Minister Karan Singh got the message quite clearly when government bulldozers leveled a slum section of Delhi and refused to relocate the residents, primarily Muslims, unless the latter submitted to sterilization. The bloody battle against the local police left six dead, 19 injured and 453 arrested. Singh subsequently issued a warning to over-eager sterilization prompters and officials but noted that govern-

ment was going to reduce the birth rate no matter what the obstacles. His intention was clear.

Thus far, the compulsory sterilization incidents at Baisi and other parts of India have brought no comments from either the State Department or Ravenholt.

The Indian Medical Termination of Pregnancy Act of 1971 went into effect on April 1, 1972. Within the year government officials reported that 23,000 induced abortions had been carried out. By September, 1975, more than a quarter of a million babies were killed under the law at approved government aboritoriums and private clinics.²⁵

Under the original legislation abortion was permitted for life or health of the mother. Contraceptive failure was considered to cause mental anguish and therefore be an indication for an abortion. Twenty weeks was the time limit. However in case of an "emergency" the mother could be aborted at any time, anywhere, by anyone.²⁶

The April 1976 issue of the IPPF medical bulletin indicates that the Indian law has been revised again to do away with time-consuming certifying procedures for abortionists and to provide doctors with on-the-spot training.

As with sterilization, induced abortion is viewed by many members of the Indian medical profession as a means of improving maternal and child health care.²⁷

Physicians who object to abortions, on the other hand, are be-

ing looked upon more and more as anti-social. This writer has seen no evidence to support the fact that there will be room for conscientious objector status on abortion in India. As a matter of fact, I understand that more than two years ago some State officials were telling Catholic and Muslim doctors to leave government service if they were unprepared or unwilling to do their share of abortions-on-demand.

Advanced Training in Death Technology

One of the most revealing programs sponsored by AID for foreign doctors which should be of great interest to our Indian readers is a program called "Advanced Training in Fertility Management." Of the 134 physicians trained under the ATFM course, please note that 50 were from India.

The ATFM was begun as a pilot program at Johns Hopkins in 1972 and later expanded to West Penn Hospital in Pennsylvania, the American University in Beirut, and Washington University in 1973. Its main purpose was "to strengthen the teaching and practice of obstetrics and gynecology in developing nations," at a cost of about \$30,000.00 per doctor for the *six weeks* course. Special care is taken in the selection of candidates from the developing nations with an eye on the doctors' attitudes on abortion, sterilization and contraception.

When the physician completes his ATFM he receives from AID

all the equipment necessary to carry on the fertility training in his own nation. Once the equipment is received at the home institution, the doctor is visited by US-AID medical field workers to make sure all equipment and the physician are functioning to capacity.

The following is a description of the ATFM program at West Penn in Pittsburgh and is based on authentic hospital schedules for the student doctors in the program.

First Week — Orientation/lectures and exams/sterilization demonstration and *Women's Health Services* (all trainees)

Second Week — Planned Parenthood visits/infertility lectures/Out-Patient Clinic (OPC)/orals and injectables (Depo-Provera) and *Women's Health Services*.

Third Week — sterilization and hysterectomy procedures/*Women's Health Services*, prostaglandin abortions, first trimester abortions, and incomplete abortions/OPC.

Fourth Week — midtrimester abortions/Planned Parenthood/sterilization and IUDs/fetal monitoring and OPC.

Fifth Week — sterilization/*Women's Health Services*/foams/jellies/creams/diaphragms/and condoms*/*Women's Health Services*/prostaglandin abortions.

Sixth Week — sterilization/*Women's Health Services*/forceps/vasectomies and prostaglandin and mid-trimester abortions/graduation.

*Note: Natural methods of family planning are not indicated on the training chart although they are understood to be covered in lectures. Description of complications resulting from childbirth are *not* listed on the six week training chart in terms of practical demonstration and application.

In reviewing the training chart program for the six week period, one notes that almost all of the practical medical-hospital demonstration and practical training program is in either *sterilization* and/or *abortions*. *Women's Health Services*, it should be noted, is Pittsburgh's largest abortion mill.

The project director for the AID-ATFM program at West Penn was Dr. Leonard Laufe, a medical director of WHS, a longtime associate of Planned Parenthood Pittsburgh, an advisor to the International Program of the Association for Voluntary Sterilization, and a researcher for Upjohn prostaglandin drugs used by Dr. Laufe in second trimester abortions. Dr. Laufe is currently on the AID-Chapel Hill, N.C. payroll of the International Fertility Research Program where he is working on new and improved IUDs with a fiscal year '75 and fiscal year '76 contract of \$410,000.00.

During the period in which Dr. Laufe was director of the ATFM program, he became the key figure of one of the most controversial trials ever held in

Pittsburgh. Following an inquest, Dr. Laufe was found innocent of killing baby Jane Doe whom he had attempted to abort via a vaginal hysterectomy. Baby Jane Doe weighed more than three pounds and was more than 6 months old at the time of the abortion.

Under the ATFM program, *there is no time limit after which an abortion may not be done*. Dr. Laufe was merely carrying out, in the presence of a camera and ATFM students, a procedure outlined in the ATFM manual as a "surgical technique required in the presence of intact pregnancies" and associated with sterilization at the time of the abortion.

In truth, the Advanced Training in Fertility Management is a course in training doctors to take human life up to the time of birth via a wide selection of techniques for abortion.

As noted earlier, 50 physicians from India have completed the ATFM in the United States and have been returned home to train others in death technology.

The Heart of the Matter

This writer has attempted to document the all-pervasive influence of AID policies, programs and technology on the Indian population control program.

It may be argued that the Indian government would have reached its current destination alone without American prodding and funding and technology, but I think such an argument is weak in light of all the evidence I have seen.

From a purely philosophical viewpoint, however, I think the answer would be less clear.

Some months ago, the Prime Minister, as head of the all-India Congress Committee, addressed the National Legislature on the question of compulsory sterilization, and declared she would tolerate no opposition to the program. When later questioned by the press on the matter of religious objections from Catholics and Muslims, Mrs. Gandhi is reported to have replied that religion has nothing to do with birth control!

Such a statement is in keeping with the Marxist revolution which reduces the individual to the slave of the State even at his most intimate level of existence. As the democratic order is dependent upon family solidarity, sexual discipline and the dignity of the human person, so is totalitarianism dependent on sexual chaos, the destruction of the family and supremacy of the State and its needs.

To the extent that American people have, through ignorance and apathy, permitted the Agency for International Development of the State Department to continue its anti-life and anti-family campaign against the developing nations of the world, it is our national shame.

Our Lord has said, "What you do for the least of My brethren, that you do unto Me." How long God will hold back the hand of judgment on our land I do not know, but perhaps there is a mes-

sage for us in the fact that India has given the world a living saint in Mother Teresa and the United States has given it an R. T. Ravenholt.

REFERENCES

1. Zimmerman, Anthony, S.V.D., *Catholic Viewpoint on Overpopulation*, (New York, 1961) p. 188.
2. Rahman, M., "Barsi — Success or Excess?," *Fulcrum* April 1976, pp. 12-15.
3. Visaria, Pravin, Jain, Anrudh K., "Country Profiles — India" (New York, Population Council) May 1976 p. 24.
4. *Ibid.* p. 28.
5. *World Population Growth Response — AID Population Assistance Program 1965-75*, (U.S. Government Printing Office, Washington, D.C. 1976).
6. *AID — Population Program Assistance — F.Y. 1971, 1972, 1973, 1975* (Washington, D.C., U.S. Government Printing Office).
7. Statistics Prepared by US-AID Office of Population Affairs, Dec. 1975.
8. Rosenfeld, Stephen S., "Do Family Planning Programs Work?," *The Washington Post* Feb. 27, 1976, p. A25.
9. U.S. Coalition for Life Press Release, "Blasphemous US-AID-Funded Publication Draws Coalition Fire" (Export, Pa. 1973).
10. *Population Program Assistance — AID—FY 1971*, (Washington, D.C., Government Printing Office) pp. 34-35.
11. See *AID Population Program Assistance FY 1971, 72, 73, 75* for complete listing of US-AID Sub-grantees.
12. Speech of Robert S. McNamara, President, World Bank Group to Board of Governors, Washington, D.C., September 25, 1972.
13. *Population Planning — Sector Working Paper*, Annex 3 'Contraceptive Methods' (Washington, D.C. 1972) pp. 55-62.
14. *Ibid.* p. 59.
15. *Ibid.* p. 29.
16. Potts, Malcolm, "Coitus Interruptus," paper presented to IPPF — SE Asia Congress, 1972.
17. Sai, Fred T., 1973 IPPF Regional Conference on Medical and Social Aspects of Abortion in Africa, *Abortion Research Notes*, No. 8, Feb. 1974.
18. *National Catholic Register* Dec. 14, 1975 p. 1.
19. *Population Assistance Program — FY 1971* p. 183.
20. Sacker, Arthur M., M.D., Editorial, *Medical Tribune* March 24, 1976.
21. Visaria and Jain, *Country Profiles-India* p. 25, 33, 34, 40.
22. *Ibid.* p. 33.
23. *Ibid.* p. 40.
24. *Los Angeles Herald Examiner*, Nov. 28, 1972.
25. Visaria and Jain, *Country Profiles-India* p. 30.
26. Rao, Dr. P. K., and Bhashar, Dr. G. R., "An Analysis of the Medical Termination of Pregnancy Act of 1971." Paper presented to the International Conference on Family Planning, New Delhi, March 12-16, 1972.
27. Dass, Prof. A., "Early Pregnancy and Family Welfare Planning." Paper presented to International Conference on Family Planning, New Delhi, March 12-16, 1972.
28. *Congressional Testimony* of Randy Engel for U.S. Coalition for Life before the House Committee on International Relations, Washington, D.C. on Foreign Assistance Act FY 1976, July 18, 1975, pp. 15-18.